

CALL TO ACTION

National Public Health Initiative on Diabetes and Women's Health: A Progress Report

We gratefully acknowledge the combined efforts of our cosponsors, American Diabetes Association, American Public Health Association, Association of State and Territorial Health Officials, and our many partners in identifying strategies to implement our national action plan—The National Agenda for Public Health Action.

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Contents

I. Why the Call to Action?	1
A. The National Public Health Initiative on Diabetes and Women's Health	1
B. Conference Purpose and Agenda	2
II. Where are we headed?	3
A. Our Vision	3
B. Our Goals	3
C. Our Guiding Principles	3
III. What actions are essential?	5
IV. How should each action be pursued?	6
A. The Big Picture	6
B. The Details	7
V. When can we begin?	21
A. Taking the First Step	21
B. The Long Haul	22
VI. Who can make this happen?	23
Attachment A: Staff Support	24
Attachment B: Cosponsors' Commitments to the National Agenda	26

I. Why the Call to Action?

A. *The National Public Health Initiative on Diabetes and Women's Health*

Diabetes is often preventable, yet more than 18 million Americans have this disease and more than half are women. This number is expected to increase, placing added demands on the health care delivery system and other sectors of society. The estimated annual cost of diabetes to the United States for direct health care and indirect expenditures is about \$132 billion.

As part of a comprehensive effort to improve women's health, the Centers for Disease Control and Prevention (CDC) established the National Public Health Initiative on Diabetes and Women's Health. The initiative has three phases.

In **Phase I**, CDC prepared *Diabetes & Women's Health Across the Life Stages: A Public Health Perspective*. Published in 2001, this report examines issues that make diabetes a serious public health problem for women; analyzes the epidemiologic, psychosocial, socioeconomic, and environmental dimensions of women and diabetes; and discusses public health implications. This landmark document explores the impact of diabetes on women's lives by using a framework that defines the issues across various life stages—adolescent, reproductive, middle, and elder years. A complete copy is available on CDC's Web site, at <http://www.cdc.gov/diabetes/projects/women.htm>.

In **Phase II**, CDC joined forces with the American Diabetes Association (ADA), the American Public Health Association (APHA), and the Association of State and Territorial Health Officials (ASTHO) to convert the information contained in the 2001 report into action. Toward this end, the four cosponsoring agencies convened a task force in November 2001 with representatives of more than 40 organizations from the public, private, and voluntary sectors. Proposed recommendations from this meeting were published as the *Interim Report: Proposed Recommendations for Action*, and are available on CDC's Web site, at <http://www.cdc.gov/diabetes/pubs/action/index.htm>.

In **Phase III**, the proposed recommendations were examined by representatives from multidisciplinary agencies, including government, academic, voluntary, business, community-based, and professional organizations. In early 2003, the highest-priority recommendations and strategies for their implementation were published in the *National Agenda for Public Health Action*, available online at <http://www.cdc.gov/diabetes/pubs/action/index.htm>. More recently, in October 2003, these and many other organizations met to develop implementation plans for the *National Agenda*. This document reflects their deliberations during breakout sessions at the Call to Action Conference. The efforts of the Initiative and the

results of the Call to Action Conference that are documented in this report are a work in progress and will evolve over the coming months. A complete copy is available on CDC's Web site, at <http://www.cdc.gov/diabetes/projects/women.htm>.

B. Conference Purpose and Agenda

The Call to Action Conference was a true working meeting. Prior to the meeting, participants were given a premeeting survey and asked to identify recommendations in the *National Agenda* that were most compatible with their organizations' mission, priorities, and expertise, and life stages of primary interest. This information was used to create small groups and help focus the discussion.

To set the stage for the working group sessions, a plenary session was moderated by Ann Albright, PhD, RD. Participants heard presentations from Aranthan Jones of the Congressional Black Caucus, Michelle Owens, PhD, of CDC, and four health professionals who were managing successful programs for women at risk for or who have diabetes. Success stories were delivered by Marsha Henderson, MCRP, MPH, of the Food and Drug Administration; Captain Candace Jones, Acting Deputy Director, Office of Public Health, of the Indian Health Service; Edith Kieffer, PhD, MPH, of the University of Michigan School of Social Work; and Carolé Mensing, RN, MA, CDE, of the American Diabetes Association. The plenary concluded with a premiere viewing of the CDC-produced video, *Women and Diabetes: Across the Life Stages*.

Participants then adjourned to their assigned small groups, each with a different focus: advocacy and policy, health care, media, state and community programs, and research and surveillance.

Each group, led by a trained facilitator, was charged to the following:

1. Identify the role participants' organizations might play in implementing the *National Agenda*.
2. Propose specific steps their organizations could take in the next 3–6 months, and in the next 6–12 months, to implement the *National Agenda*.
3. Suggest other organizations that should be involved in implementing the *National Agenda* and ways to solicit support from these organizations.
4. Recommend methods for coordinating activities and resources devoted to implementing the *National Agenda*, sustaining momentum, and monitoring progress.

This document summarizes participants' recommendations for implementing the *National Agenda*. It is a work in progress, that can be modified over time as additional organizations join the fight against diabetes among women. It is best used in tandem with the *National Agenda*, and supplements the commitments that the Initiative's cosponsors have made to implementing the *National Agenda* (see Attachment B). This report builds on materials found in the *National Agenda* by identifying specific steps that partners of the Initiative have chosen to address issues related to women with diabetes across the life stages and those at risk.

II. Where are we headed?

The full Initiative and the *National Agenda for Action* are founded on a realistic vision and on specific and attainable goals. These are consistent with the framework of *Healthy People 2010*, which establishes national targets for the primary prevention of diabetes and its complications.

A. Our Vision

- Diabetes among women can and should be prevented or delayed whenever possible.
- The families and communities of women at risk for diabetes can and should be informed and given the support they need to prevent or delay diabetes and its complications.
- Appropriate diabetes care and management can and should be promoted among women across the life stages.
- Diabetes complications among women can and should be prevented, delayed, or minimized.

B. Our Goals

- Garner the national attention of policymakers, public health professionals, other advocates for women's issues, researchers, and the public to make diabetes a prominent public health issue.
- Develop consensus among key stakeholders about the need to establish priority strategies, policies, and research to improve diabetes and women's health.
- Delineate the public health role in diabetes and women's health at national, state, and community levels, and improve the capacity of these public health sectors to fulfill that role.
- Unite partners from multiple sectors of society in a coordinated strategy to prevent and manage diabetes among women.
- Empower women to adopt prevention strategies that improve their health and delay or prevent diabetes and its complications.

C. Our Guiding Principles

The guiding principles underlying the National Public Health Initiative on Diabetes and Women's Health are equally important.

- A **public health approach** to diabetes among women should be adopted. This approach aims to improve the health and quality of life for all women, primarily through prevention, and focuses on all factors—physical, behavioral, psychological, and socioeconomic—that influence health status.
- **Collaboration** within and among multiple sectors of society is essential for success. These sectors include public and private health care organizations, business and industry, education and environment, communication and media, and policymakers.
- Strategies and policies must fully consider and take into account the **unique needs** of women in different life stages in all racial, ethnic, religious, and cultural groups.
- Women and grassroots organizations should be fully engaged as **active partners** in policy decisions and in program planning, implementation, and evaluation. Men's strong involvement and support should also be sought.
- Leadership of state and community agencies and groups must **share accountability** for adopting approaches to improve the health status of women.
- Actions should be based on **sound research** from all relevant scientific fields, and additional public health research should focus on filling gaps in scientific knowledge. Assessment must guide policy and program development.
- **Measurable outcomes** for programs and policies should be established so progress and impact can be evaluated and approaches can be modified as needed.
- Strategies and policies must be sustainable and integrated over time, not one-time interventions. New initiatives should build on existing resources, services, and natural links among local, state, and federal agencies and organizations in the public and private sectors.

III. What actions are essential?

In the *National Agenda*, 10 priorities are recommended for improving the health and well being of women who have or who are at risk for diabetes. For each recommendation, strategic actions are proposed to expediently achieve the Initiative's goals. Some actions can be implemented immediately and accomplished in a relatively short time (6-12 months); others will require more time and/or resources.

Ten Priority Actions

1. **Encourage and support diabetes prevention and control programs** in state health departments to develop prevention and management efforts for all women, and establish links to services and programs for women at risk of type 2 diabetes.
2. **Expand community-based health promotion education, activities, and incentives for all ages in a wide variety of settings**—schools, workplaces, senior centers, churches, civic organizations, and other locations where women live, learn, work, and play.
3. **Fortify community programs for women** with sufficient support, training, tools, materials, and other forms of support.
4. **Strengthen advocacy** on behalf of women who have or who are at risk for diabetes.
5. **Expand population-based surveillance** to monitor and understand (a) variations in the distribution of diagnosed and undiagnosed diabetes, impaired fasting glucose and impaired glucose tolerance within and between groups, and (b) the factors—cultural, racial, ethnic, geographic, demographic, socioeconomic, and genetic—that influence the risk for diabetes and complications among women at all life stages.
6. **Educate community leaders** about diabetes and its management and the value of healthy environments.
7. **Encourage health care providers** to promote risk assessment, quality care, and self-management for diabetes and its complications in their practice settings.
8. **Ensure access to trained health care providers** who offer quality services consistent with established health care guidelines.
9. **Encourage health care coverage and incentives** for recommended diabetes prevention and management practices.
10. **Conduct public health research** to further knowledge of the epidemiologic, socioenvironmental, behavioral, translational, and biomedical factors that influence diabetes and women's health.

IV. How should each action be pursued?

A. The Big Picture

Several key values underlie the details of the *National Agenda*.

1. See the faces

Keeping the faces of women front and center will help ground this Initiative in compassion and empathy. Women who have and who are at risk for diabetes must negotiate competing priorities each day of their lives. We must be ever mindful that most diabetes interventions add more to a woman's list of daily tasks with no obvious and immediate benefits. This is compounded by the fact that diabetes is seen as a silent disease—one that does not generate fear, particularly in its early stages. Messages and interventions must take these complexities into account and address consumers with appropriate language, life stage, health literacy, and cultural context, among other factors. They must accommodate factors that bear on the burden of diabetes among women, take advantage of missed opportunities for prevention and control, preserve health behaviors that are protective (particularly among recent immigrants), and create new opportunities that fit relatively easily into a woman's natural lifestyle.

2. Embrace partners

Tackling this complex chronic disease requires the expertise and resources of multiple sectors and disciplines. Existing partnerships should be energized and new alliances forged. Communication and coordination are key, through listservs, meetings, casual and formal conversations, and joint activities. We must reduce the creation of "silos" that duplicate effort, and design links to share information. Groups should focus on strategies they are uniquely or best positioned to accomplish, and resources should be leveraged wherever possible. A wealth of resources is available to accomplish the Initiative's vision, but tapping them requires a willingness among many (individually and collectively) to accept the premise that one must give in order to receive.

3. Lead boldly

Leadership to move the Initiative forward rests with the CDC and the partnering cosponsors: ADA, APHA, and ASTHO. These agencies have delineated a shared vision and with this *National Agenda* have laid the groundwork to translate that vision into reality. Bold and creative steps are required to secure sufficient support and resources, assure proper stewardship and oversight, advocate foundational policies and legislation, and set standards of excellence for the work of future generations.

4. Build on evidence

Much is known about how to prevent, delay, and manage diabetes. Yet, sufficient networks or systems are lacking to organize that information, make it accessible for widespread use, and help avoid duplicated effort. At the same time, there are significant gaps in the knowledge base. Formative research is critical to exploring alternative approaches, identifying best practices, and ultimately issuing more women-specific standards and practice guidelines. Women and their families should be involved in that research, from the early planning stages through implementation, evaluation, and dissemination of results.

5. Be creative yet accountable

As we proceed, we should think outside the box but be ever mindful of the larger societal context of the Initiative. We need to make every dollar count, coordinating methodologies and resources as often as possible. We need to create products that our audiences (the media, the consumer, the professional) will want and use. Messages should be channeled toward action-oriented results. Successes should be documented and applauded; positive outcomes should be publicized and celebrated. Funders and supporters should be apprised of progress, outcomes, and lessons learned.

B. The Details

This section presents the recommended action steps and partnering organizations that emerged from the Call to Action Conference. To generate this listing, participants were asked to select specific action steps in the *National Agenda* that they felt were most important. These priority action steps are noted in bold type in the first column below. Following each bolded action step are more detailed suggestions for activities that could help implement the action step.

The action steps are not ranked by priority; they reflect the group's notes and discussions. Some steps apply to a specific life stage, others pertain more broadly to several or all life stages. Furthermore, because the list of action steps was generated solely by conference attendees, it is shaped by their interests and areas of expertise and is neither comprehensive nor exhaustive.

Similarly, the list of partnering organizations includes those that participants felt to be relevant to their respective action steps and activities. The organizations are listed alphabetically and grouped beside the action step or set of activities to which they correspond.

1. Encourage and support diabetes prevention and control programs in state health departments to develop prevention programs for all women and establish efficient links to services and programs for women at risk for type 2 diabetes.

Action Steps

Enhance support and resources to state health agencies to establish and maintain leadership on behalf of women who have or who are at risk for diabetes.

Provide information to educate women's health advocates and policymakers.

Prepare and support representatives from various participating organizations to visit Capitol Hill and their elected representatives to discuss women and diabetes issues.

Continue to sponsor and use ASTHO's lobbyist.

Advocate policies and increased funding that support state-level programs in women's health.

Urge one-time support of community activities to enhance women's health agenda.

Engage other private partners.

Share information and data as resources.

Partnering Organizations

Academia, ADA, AMCHP, APHA, ASTHO, ASTPHND, CDC, managed care organizations, OWH, Region IV, *sororities*

Action Steps

Develop messages and quality support for DPCPs and Steps to a Healthier US Initiative (STEPS) and strengthen links between them.

Partnering Organizations

ADA, ASTHO

Several organizations, noted in italics, were not represented at the meeting but are viewed as potential partners that could significantly advance the Initiative. Acronyms are spelled out in the Glossary (Attachment C).

Action Steps

Support strong leadership to facilitate organized and consistent efforts between and among departments of state and local public health agencies that address diabetes and women's health issues.

Use champions.

Build on existing relationships.

Start new relationships.

Sponsor prevention staff liaisons in different DHHS regions.

Encourage Regional Health Officers through:

- Leadership institute.
- Sections, committees, affiliates.
- Centers of excellence.

Highlight racial/ethnic disparities.

Partnering Organizations

AMCHP, APHA, ASTHO, ASTPHND, OWH, OWH Leadership groups and committees

Action Steps

Revisit and reinvigorate ADA's Diabetes Coalition, with added organizations of women's groups.

Partnering Organizations

ADA

Action Steps

Maintain leadership of CDC and Initiative cosponsors through annual meetings and other monitoring and support efforts.

Partnering Organizations

ADA, APHA, ASTHO, CDC

Action Steps

Integrate chronic disease programs in state health departments.

- Identify examples of strong integration among different programs in state health departments (e.g., Steps to a Healthier US, etc.).
- Review all CDC chronic disease program grant language to eliminate limitations or unintended barriers to integration and to promote such integration where possible.
- Encourage and support efforts of state health agencies to integrate with other women's health efforts.

Partnering Organizations

Chronic Disease Directors, CDC (Futures Initiative, Office on Women's Health)

Action Steps

Encourage state and local coalitions and other consortiums to coordinate plans, policies, and activities through regular communication and priority-setting processes.

Bring partners together.

Emphasize a community-based focus.

Partnering Organizations

Academic institutions, ADA, AMCHP, faith-based organizations, OWH, private insurers, *RWJ*, unions

2. Expand community-based health promotion education, activities, and incentives for all ages in a wide variety of settings.

Action Steps

Identify and develop links with community agencies that interface with women at greatest risk in all life stages, including those in nonhealth-related sectors.

Identify organizations that communicate with large bases of constituents.

- Tap into networks of organizations that already participate.
- Work with other nontraditional (nonhealth) organizations.
- Collaborate with organizations that can get to local/community-based organizations.

Identify gaps and underrepresented groups and try to reach them to build a broader base.

Create a network communication strategy to disseminate information.

Further develop links by informing organizations and their constituents about the Initiative and try to reach them to build a broader base.

Create a network communication strategy to disseminate information.

Further develop links by informing organizations and their constituents about the Initiative and ways they can participate.

Partnering Organizations

ADA, APHA, ASTHO, CDC

Action Steps

Design a social marketing campaign that integrates current diabetes-related messages aimed at women and their families regarding nutrition, cardiovascular disease, smoking, and physical activity.

Work with and through business, industry, and media partners to reach women and influence them to adopt healthy behaviors.

Work with Diabetes Detection Initiative (DDI).

Partnering Organizations

DPCPs, OWH, primary care associations, regional women's health coordinators, regional health administrators, state women's health coordinators

Action Steps

Use web site www.4girls.gov; link with other sites and sponsor Frequently Asked Questions.

Partnering Organizations

4Girls website, OWH, Young Women Summits in regions

Action Steps

Implement awareness programs by including specific requirements in Request for Proposals.

Partnering Organizations

CCOEs (NWICH, PYPH), COE

Action Steps

Continue to support intergovernmental efforts through small contracts to community-based organizations.

Offer incentives to communities with federal and state support that promote development of healthy environments.

Partnering Organizations

CCOEs (NWICU, PYPH), COE, Steps to a Healthier US

Action Steps

Publicize best practices in targeted journals and in consumer-friendly relative risk fact sheets or purse cards.

Maintain web site to display current, proactive information; be usable and offer messages such as “Change your mind, change your life.”

Partnering Organizations

PorFits, US Department of Agriculture Extension - 4H Clearinghouse

CMS national and regional offices; QUO, *USDA Cooperative Extension Educators*

Action Steps

Tap partners of CMS and regional offices and Quality Improvement Organizations that operate in each state and have extensive state networks.

Partnering Organizations

Teens Teaching Internet Skills Program

Action Steps

Share messages via satellite studio broadcasts.

Partnering Organizations

ALA, PLA

Action Steps

Develop a tiered campaign to promote awareness of worsening of diabetes or modifiable risk behaviors that foster development.

Promote access to resources for information, medical care, and lifestyle modification.

Create cross-industry coalitions to improve care for the diabetic community.

Partnering Organizations

Pharmaceuticals with government agencies (to leverage existing campaigns/materials)

Action Steps

Promote prevention through lifestyle modification.

Partnering Organizations

HMOs (to develop better patient education programs/materials)

Action Steps

Explore alternative approaches to messaging (*e.g.*, cell phones and conduct market research to test messages for optimal impact).

Prepare and sponsor written articles directed to teens, perhaps written by them, and promote their publication in such journals as *Forecast* in its Just for Teens column.

Partnering Organizations

Schools and peer groups (as avenues to get students involved in campaigns), universities

Action Steps

Seek people with diabetes who are willing to reach out via print, radio, and Internet.

Use the power of the Internet by designing and updating sites specifically for women.

Sponsor moderated chats and message boards, with health professionals serving as moderators.

Partnering Organizations

Nonprofits such as universities, hospitals, medical centers, or government

Action Steps

Charge existing racial/ethnic minority workgroups of NDEP to take ethnic-specific diabetes prevention messages to the respective communities within their customary purview and beyond (that is, expand messages to respective racial/ethnic communities in other regions of country).

Partnering Organizations

CDC, existing racial/ethnic organizations, NIH (NIDDK)

Action Steps

Develop broadcast messages that are linguistically and culturally appropriate to specific racial/ethnic populations.

Ensure that DDI includes all diabetes-related activities in DHHS.

Partnering Organizations

Journalists for print articles, racial/ethnic minority media

Action Steps

For adolescent years:

Structure and deliver educational messages to encourage female adolescents who have and who are at risk for diabetes to engage in regular physical activity, make good nutritional choices, and avoid or stop smoking.

Create positive, rewarding forums that promote healthy eating and physical activity among adolescent females at risk for type 2 diabetes.

Approach Rhode Island and other state

Departments of Education to serve as pilot sites based on funding obtained from national organizations with educational message for schools, families and communities.

Connect with National Association of School Nurses.

Find other national organizations and identify local funding and resources.

Partnering Organizations

NASN (National Association of School Nurses), Rhode Island Department of Education

Action Steps

Identify media partners to disseminate culturally competent, age appropriate, linguistically appropriate messages.

Partnering Organizations

NASN, Rhode Island Department of Education

Action Steps

Research existing education literature and Best Practices programs.

Partnering Organizations

Media

Action Steps

Develop diabetes education and communication programs.

Make tools available for needs assessment to identify gaps.

Conduct a needs assessment.

Identify target communities.

Find out what materials are available.

Partner with churches and workplaces.

Explore civic/community organizations such as libraries.

Environment – creative use of space that is available

Partnering Organizations

AADE, CDC and other partners (could serve as clearinghouse for education and

dissemination), DCPC, DHHS, *fraternal and faith-based organizations, government, hospitals, NAACP, parks and recreation, Urban League*

Action Steps

Use existing approved web sites geared to young girls.

Partnering Organizations

OPHS, GPI coordinating committee, Girl Power

Action Steps

Community health centers can help publicize positive outcomes for diabetes management.

Partnering Organizations

Diabetes Collaborative, Community health centers

Action Steps

Promote Take a Loved One to the Doctor Day, September 2004.

Translate Be Smart About Your Heart. Control the ABC's (HBA₁C, Blood Pressure, Cholesterol) of Diabetes campaign into other languages.

Use ethnic media spokespersons.

Partnering Organizations

Anticipated continued partnership with *ABC Radio*, ASPA, Closing the Gap newsletter, OMH, OMHRC, *RadioUnica* and additional ethnic broadcast media, ROs

3. Strengthen advocacy on behalf of women who have or who are at risk for diabetes.

Educate and document the potential for prevention and best practices, stressing the components that related to policy and policymakers

Action Steps

Educate and document the potential for prevention and best practices, stressing components related to policy and policymakers.

Partnering Organizations

DHPE (identify best policy practices and components)

4. Fortify community programs for women with sufficient support, training, tools, and materials.

Action Steps

Share information on available resources: commonalities and differences.

Identify needs and resource gaps.

Support additional products that establish continuity of care.

Redirect money and resources away from redundant practices.

Partnering Organizations

CDC, FDA, NDEP

5. Expand population-based surveillance to monitor and understand influencing factors.

Action Steps

Establish more effective and efficient links between programs with communities.

Better integrate DHHS initiatives to reduce duplication and inappropriate use of resources.

Increase behavioral research with particular attention to behavior modification.

Ensure attention across DHHS to the unique or distinct disproportionate burden of diabetes for women.

Establish a research coordination component for the Diabetes Detection Initiative (DDI).

Commit to follow-up and monitoring of how research recommendations are implemented as components of DHHS programs.

Develop a focused research agenda for women's health, associated with DDI .

Partnering Organizations

DHHS, employers, industry (grocers, pharmaceuticals, etc.), insurers, NDEP, professional associations

6. Educate community leaders about diabetes and its management and about the value of healthy environments

Action Steps

For adolescent years: Educate school system personnel.

Build partnerships.

Engage departments of education in Rhode Island and other states as laboratories for developing models

Partnering Organizations

Girl Scouts of America, national organizations of school boards, *sororities*

7. Encourage health care providers to promote risk assessment, quality care, and self-management for diabetes and its complications in their practice settings.

Action Steps

Develop and disseminate best practice guidelines for providers in various clinical and nonclinical settings.

Disseminate the model of multidisciplinary teams for diabetes management and encourage its use in clinical settings.

Bolster training and continuing education for health care providers and diabetes community health workers.

Develop and disseminate best practice guidelines, such as:

- Train-the-Trainer primarily for CVH and CMS.
- QIOs ADA guidelines.
- PDA-based guidelines.
- Get With The Guidelines.
- Guidelines Applied in Practice.
- HRSA's Health Disparities Collaboratives.
- CMS posters for *Take Your Shoes Off; Feet Can Last a Lifetime*.

Partnering Organizations

ACC, ADA, AHA, AWHONN, CMS/QIOs, federally funded centers, HRSA, HRSA/BPHC, state diabetes prevention and control programs

Action Steps

Inventory venues for continuing education on diabetes and women's health, considering:

- Pharmacy continuing education for diabetic eye disease.
- May as Healthy Vision Month.
- Web sites to pool resources for women and diabetes.
- Compendium update to include women and diabetes issues.

Partnering Organizations

NIH, APTA, AWHONN

Action Steps

Compile environmental scan of training and continuing education via web site.

Partnering Organizations

CDC

8. Ensure access to trained health care providers who offer quality services consistent with established health care guidelines.

Action Steps

Convene subgroups of multiple disciplines, government, nonprofit agencies, and advocacy groups to embrace this message and produce intergenerational material.

Create a private/governmental grant mechanism by combining funds from OWH and other sources to support state and local efforts aimed at testing and demonstrating recommendations for quality services.

Encourage use of current models: Take Time to Care, Take a Loved One to the Doctor, monthly disease observations, and others.

Partnering Organizations

ADA, APHA, CDC, DHHS, FDA, NDEP, OWH

Action Steps

Focus on older women by:

- Reviewing workplace policies and guidelines.
- Reviewing faith-based initiatives.

Partnering Organizations

AoA, OWH

9. Encourage health care coverage and incentives for recommended diabetes prevention and management practices.

Action Steps

Address legislatively mandated programs, such as:

- CHIP.
- Medicare.
- Medicaid.
- WISEWOMAN.

Partnering Organizations

CDC, program leaders, regional federal agencies, Women's Health Council

Action Steps

Work at the "margins" by extending age eligibility and types of coverage.

Address volunteer or Stop-Gap Coverage Programs at worksites/businesses and in communities.

Develop success stories and best practices.

Market and showcase effective models.

Partnering Organizations

BIG, Medical Alliance Society, medical societies

Action Steps

Develop the business case for care management with diabetes, using data developed from the Medicaid/NGA study.

Partnering Organizations

Washington Business Group on Health

Action Steps

Continue to support the Community Guide and disseminate findings of relevant chapters.

Partnering Organizations

CDC

10. Conduct public health research to further knowledge about the epidemiologic, socioenvironmental, behavioral, translational, and biomedical factors that influence diabetes and women's health.

Action Steps

For older years:

To what extent does use of multiple medications influence quality of life and affect women's ability to manage diabetes?

Identify existing datasets that allow evaluation of:

- The impact of interventions on quality of life.
- Appropriate medication use.
- Costs associated with medication and/or disease management.

Increase awareness of these datasets among the scientific community so data can be better used and explored in simulation studies and other research.

Raise specific questions for analysis.

Suggest possible interagency agreements between federal agencies and issue joint Requests for Applications to fund these studies.

Coordinate research activities in DHHS to avoid duplication whenever possible.

Disseminate models based on results.

Partnering Organizations

Interagency partnerships (AHRQ MEPS database, CDC TRIAD, etc.), managed care organizations

V. When can we begin?

A. *Taking the First Step*

Implementing the entire action plan is a daunting task, and the first steps may be the most difficult. It is important to recognize, however, that a solid foundation has already been laid. Much hard work has been invested in diabetes and women's health over the past few years, and the positive results of these efforts are beginning to show. The task ahead is to build on these successes and work together toward our shared vision and goals.

To this end, participants recommended that we:

Be clear about what we know.

Share that knowledge with women, their families, and their health care providers.

Incorporate that knowledge into program design and delivery.

Advocate policies that enhance access to quality care.

Specific advice on next steps included:

Analyze existing material to identify and capitalize on the good news we have about diabetes prevention and control among women.

Amass a collection of positive stories and examples to solicit and energize supporters.

Establish a clearinghouse or other information portal.

Publish what is known about diabetes and women's health—both best and worst examples.

Emphasize prevention in diabetes literature.

Adopt a universal tagline such as “change your mind, change your life.”

Collate existing data for physicians and patients and assure centralized and easy access; advertise this valuable tool and build in links to other information, services, and resources.

Establish a central repository of programs for specific audiences (e.g., young girls, pregnant women, the elderly).

Promote action based on information.

Activate advocates to tackle payment and other barriers to screening.

Urge women to become advocates for quality family health care.

B. The Long Haul

Participants recognized the risk of starting strong, only to be delayed or derailed by competing interests and challenges. They pledged collectively to do their utmost to sustain momentum and to stay in touch by:

Designing and maintaining a listserv and/or email group to keep conference participants connected, and to:

- Share information, materials, relevant issues, etc.
- Prepare a calendar of upcoming events pertinent to diabetes and women (e.g., November's diabetes month and March's screening day).
- Identify additional group members and issue invitations to join the effort.

Solidifying the membership of the ADA-sponsored Diabetes Coalition.

Making a personal commitment to take information learned and generated at the conference home to communities and colleagues and to use that information to empower women to take charge of their health and their lives.

Monitoring implementation of priority actions and providing feedback to participants on progress and roadblocks through upcoming partner update meetings, larger national annual meetings, and regular phone conferences.

VI. Who can make this happen?

Approximately 158 organizations were invited to the Call to Action Conference; 75 participated in conference deliberations. These partners, listed below, should be applauded for their commitment to the Initiative and for their willingness to continue the fight for the health of women and their families affected by or at risk for diabetes. Over the coming months and years, the number of partners engaged in the Initiative is expected to grow significantly as we work together until our goals are met and our vision becomes a reality.

Partners

Administration on Aging
Agency for Healthcare Research and Quality
American Association of Diabetes Educators
American College of Nurse-Midwives
American Geriatrics Society
American Heart Association
American Osteopathic Association
American Pharmaceutical Association
American Pharmacists Association
American Physical Therapy Association
American Psychological Association
Association of State & Territorial Public Health Nutrition Directors

Association of American Indian Physicians
Association of American Medical Colleges
Association of Maternal and Child Health Programs
Association of State and Territorial Chronic Disease Program Directors
Association of Women's Health
Association of Women's Health, Obstetric and Neonatal Nurses
Centers for Medicare and Medicaid Services
Chronic Disease Directors
Congress of National Black Churches
Congressional Black Caucus Foundation
Constella Health Sciences
Department of Health and Human Services, Office of Minority Health
Department of Health and Human Services, Office on Women's Health, Regions I, III, IV, VII, X
Diabetes Exercise and Sports Association
Directors of Health Promotion and Education
EyeCare America
Food and Drug Administration, Office of Women's Health
Grey Healthcare Group
Health Resources and Services Administration
Health Resources and Services Administration, Office of Women's Health
Juvenile Diabetes Research Foundation
MedStar Health
National Alliance for Hispanic Health
National Association for Women's Health
National Association of City and County Health Officials
National Association of Nurse Practitioners in Women's Health
National Association of School Nurses
National Association of State Medicaid Directors
National Council on the Aging
National Eye Institute
National Heart, Lung, and Blood Institute
National Organization for Women
National WIC (Women, Infants and Children) Association
National Women's Health Resource Center
New Hampshire Minority Health Coalition
Ohio Diabetes Prevention and Control Program
Project DIRECT
Rhode Island Department of Education
Richland Family Practice Center
Society for Women's Health Research
SPRY Foundation
St. Louis University
Templeton Consulting Group
University of Southern California/Women & Children's Hospital
University of Connecticut Health Center
University of Michigan School of Social Work
Washington State Department of Health
Women's Health Institute

Attachment A: Staff Support

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Tobacco Control Policy

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Attachment B

CALL TO ACTION:

Cosponsors' Commitments to the National Agenda

Who are the cosponsors of the National Public Health Initiative on Diabetes and Women's Health?

The American Diabetes Association (ADA) is the nation's leading nonprofit health organization providing diabetes research, information, and advocacy. Founded in 1940, the ADA conducts programs in all 50 states and the District of Columbia, reaching hundreds of communities. The ADA's mission is to prevent and cure diabetes and improve the lives of all people affected by diabetes. To fulfill this mission, the ADA funds research; publishes scientific findings; provides information, and other services to people with diabetes, their families, health care professionals, and the public; and advocates scientific research and the rights of people with diabetes. The moving force behind the ADA's work is a network of more than 1 million volunteers, including a membership of more than 400,000 diabetes patients and their families, and a professional society of more than 20,000 researchers and health care providers.

The American Public Health Association (APHA) is the oldest and largest organization of public health professionals in the nation, representing more than 50,000 members in more than 75 disciplines in public health and related fields. APHA's mission is to improve the public's health, promote the scientific and professional

foundation of public health practice and policy, advocate conditions for a healthy global society, emphasize prevention, and enhance the ability of members to promote and protect environmental and community health. In this regard, the association influences policies and sets priorities on a broad set of issues, including injury control and prevention, children's health, environment and health, managed care, public health infrastructure, disease control, international health activities, tobacco control, state and federal funding for health programs, and professional education in public health.

The Association of State and Territorial Health Officials (ASTHO) is a national nonprofit organization that represents state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and assuring excellence in state-based public health practice.

The Centers for Disease Control and Prevention (CDC) is the lead federal agency for protecting people's health and safety at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. CDC is the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States. The agency's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

Why have we chosen to cosponsor the Initiative?

ADA wants to address the special role of women as gatekeepers for family health care decisions. Today, about 18 million Americans, including just over 9 million women, have diabetes. Although diabetes can be especially hard on this population, many do not know they have the disease. Recognizing that diabetes has an enormous impact on America's health and economy, the association aims to raise awareness of the unique impact that diabetes has on women and educate policymakers and others about this important topic.

APHA believes that, from a public health perspective, obesity and diabetes are two of the most important public health issues facing the nation. Immediate intervention is critical because the rates of these two diseases are increasing nationally at an alarming rate, especially among minorities, and recent data suggest that both conditions may be prevented or reduced through lifestyle changes.

ASTHO is excited to be a cosponsor of the National Public Health Initiative on Diabetes and Women's Health. The prevalence of diabetes is on the rise, as is its impact on women, their families, and their communities. State health departments are already implementing evidence-based programs that improve women's ability to prevent diabetes and avoid complications through provider and clinician education, public education campaigns, screening efforts, provision of technical assistance to ensure community-based efforts that reflect the latest research, and other efforts and programs. ASTHO looks forward to enhancing ongoing state efforts through a strong national agenda with numerous, broad-based partners. The agenda will serve as a guide for future state diabetes policy and education activities.

CDC responded to the growing U.S. diabetes epidemic by developing the National Public Health Initiative on Diabetes and Women's Health. Its purpose is to examine the burden of diabetes and its impact on women's health, to develop a plan for addressing these issues, and to collaborate with organizations that can

intervene on behalf of women who have and who are at risk for diabetes. The Initiative complements CDC's mission by working with numerous partners from the public, private, and voluntary sectors to improve the lives of women who have diabetes and those who are at risk. The Initiative has followed CDC's mission by assessing the burden of diabetes as it relates to women's health, identifying priority recommendations to address this burden, and developing sound public health strategies for action.

Which recommendations in the National Agenda for Public Health Action are most closely aligned with our organizational priorities?

ADA's commitment to the three pillars of research, information, and advocacy best align with the following priorities:

- Encourage and support diabetes prevention and control programs.
- **Expand community-based health promotion education, activities, and incentives for all ages. Serve as a resource for information.**
- **Strengthen advocacy on behalf of women who have, or who are at risk for diabetes.**
- **Educate community leaders about diabetes and its management, and the value of healthy environments.**
- **Encourage health care providers to promote risk assessment, quality care, and self-management for diabetes and its complications in their practice settings.**
- **Conduct public health research on factors that influence diabetes and women's health.**

APHA priorities and goals include:

- **Advancing public health advocacy and stimulating public support for public health.**
- **Improving public health practice.**
- **Emphasizing prevention.**
- **Eliminating racial and ethnic disparities.**
- **Improving access to care.**
- **Building a sound public health infrastructure.**
- **Improving children's health.**
- **Working on aging issues.**
- **Protect environmental and community health.**
- **Encourage public health research.**

We support all the recommendations in the *National Agenda* but commit particularly to those dealing with diabetes prevention, health promotion, strengthening advocacy, access to care, and health coverage.

ASTHO has established channels through numerous affiliated organizations representing directors of divisions in state health departments and long-standing relationships with other partner organizations. ASTHO will use these existing relationships to educate other organizations on the issue and to garner support in state health departments.

CDC

- **Encourage and support diabetes prevention and control programs in state health departments to develop prevention programs for all women and establish links for women at risk for type 2 diabetes.**
- **Expand community-based health promotion education, activities, and incentives.**
- **Expand population-based surveillance to monitor and understand variations in distribution of diagnosed and undiagnosed diabetes and of impaired glucose tolerance in and among groups, and factors that influence the risk for diabetes and complications among women at all life stages.**
- **Educate community leaders about diabetes, its management, and the value of healthy environments. Increase diabetes awareness programs and materials in workplaces, health care settings, the media, and the community.**
- **Encourage health care providers to promote risk assessment, quality care, and self-management for diabetes and its complications in their practice settings.**
- **Ensure access to trained health care providers who offer quality services.**
- **Encourage health care coverage and incentives for recommended diabetes prevention and management practices.**
- **Conduct public health research to further knowledge about the epidemiologic, socioenvironmental, behavioral, translational, and biomedical factors that influence diabetes and women's health.**

What specific steps will we plan to take to support the National Agenda?

ADA

The American Diabetes Association's Annual Meeting and Scientific Sessions is the largest diabetes meeting in the world. With more than 13,000 attendees, it is a unique opportunity for scientists, health care providers, and others to learn about the latest research, treatment options, and advocacy efforts spearheaded by the ADA.

The association is also the world's largest publisher of diabetes related-materials; its publications include scientific journals, *Diabetes*, *Diabetes Spectrum*, *Diabetes Care*, and a myriad of books relating to diabetes treatment and lifestyle issues surrounding diabetes.

In addition to the journals and general information books, the ADA also publishes *Diabetes Forecast*, a monthly lifestyle magazine for people with diabetes. *Diabetes Forecast* has more than 450,000 subscribers and addresses that include topics that readers help readers with an information exchange, articles featuring the latest medicines available, and recipes that encourage healthy eating habits.

The ADA is currently developing many initiatives that will have an impact on women and diabetes. From research findings to information to advocacy efforts, the ADA is committed to making a difference for people with diabetes and their families.

The ADA will:

- **Continue its advocacy work on federal and state levels to effect positive changes in the law for people with diabetes; this includes lobbying for increased funding for the NIH and CDC.**
- **Serve as a convening organization to host advocacy meetings/initiatives on behalf and in support of the CDC's Women and Diabetes National Initiative.**
- **Cover the CDC's Women and Diabetes National Initiative in an upcoming issue of *Diabetes Forecast* magazine, offering a platform for people outside Washington, DC to learn about the initiative.**
- **Continue to look for additional opportunities to inform our partners of this important initiative.**

APHA

- **The APHA annual meeting brings together more than 12,000 public health professionals and is the largest public health conference in the world. At the meeting, more than 1000 sessions provide the latest basic and applied scientific information. This meeting is an opportunity to present papers, share ideas, and keep in touch with public health researchers, practitioners, and policymakers.**
- **Among APHA's national and international publications is the American Journal of Public Health, the prestigious, peer-reviewed monthly journal of original research, program evaluation, and special reports.**
- **Each month, *The Nation's Health*, APHA's official newspaper, delivers the latest public health news, findings, and information to more than 50,000 readers, including APHA members, the media, and members of Congress.**
- APHA has a number of sections, special public interest groups, and caucuses that include a Food and Nutrition Section, Gerontological Health Section, Maternal and Child Health, Medical Care, Public Health Education and Health Promotion, Public Health Nursing, and the diabetes caucus.
- APHA has 53 affiliates that work in their own states and communities to improve public health. APHA frequently gives grants to affiliates. Thanks to Pfizer Inc., APHA is offering affiliates mini-grants to develop or update their websites to focus attention on the increased and associated risks of being overweight and obese, with special emphasis on overweight children and on type 2 diabetes.
- APHA is developing an obesity initiative that will highlight the relationship and health consequences of obesity and diabetes.

APHA will:

- Continue working with its affiliates.
- Sponsor sessions at its annual meeting on diabetes, diabetes prevention, and health effects of diabetes.
- Reach out to a variety of public health associations that serve racial and ethnic populations to improving education and health promotion.

- Strengthen alliances with organizations that serve older Americans.
- Continue to focus attention on diabetes through *The Nation's Health* and the *American Journal of Public Health*.

ASTHO

As the organization representing state health officials and their respective agencies, ASTHO will focus its efforts on the *National Agenda's* first recommendation, which addresses state diabetes control programs. Several ongoing ASTHO activities lend themselves to implementing strategies outlined in the *National Agenda*. Chronic disease as a public health issue continues to be a major part of ASTHO's advocacy agenda, with a focus on increasing federal funding for all chronic disease programs. In addition, diabetes prevention has been a focal point of ASTHO's Prevention Policy Committee. This committee works diligently to educate policymakers on the effects state programs can have on diabetes and to emphasize the need for increased funding.

ASTHO hopes the *National Agenda* is just the first step in a long-term, sustained effort to reduce diabetes and its complications among women. ASTHO looks forward to continuing to partner with the CDC, the APHA, and the ADA to expand our reach into the broader public health community and beyond.

CDC

CDC's Division of Diabetes Translation is a multifaceted, science-driven public health program that monitors the extent of the diabetes problem in the United States through surveillance, translates research findings into clinical and public health practice, conducts state-based diabetes control programs, and provides information to increase public awareness on how to control diabetes. With the support of state diabetes control programs and other numerous partners, CDC has resources to implement several recommendations outlined in the *National Agenda*.

CDC will:

- Continue to work with its numerous partners.
- Continue serving as the lead organization to organize and plan meetings related to implementation of the *National Agenda*.
- Assume lead responsibility for one to three priority strategies.

Attachment C: Glossary

ACC – American College of Cardiology

ADA – American Diabetes Association

AHA – American Heart Association

AHRQ – Agency for Healthcare Research and Quality

ALA – American Library Association

AMCHP – Association of Maternal and Child Health Programs

AoA – Administration on Aging

APHA – American Public Health Association

APTA – American Physical Therapy Association

ASTHO – Association of State and Territorial Health Officials

ASTPHND – Association of State and Territorial Public Health Nutrition Directors
AWHONN – Association of Women’s Health, Obstetric and Neonatal Nurses
BIG – Blacks in Government
BPHC – Bureau of Primary Health Care
CCOE – Community Centers of Excellence
CDC – Centers for Disease Control and Prevention
CMS – Center for Medicare and Medicaid Services
COE – Centers of Excellence
DHHS – Department of Health and Human Services
DHPE – Directors of Health Promotion and Education
DPCP – Diabetes Prevention and Control Programs
FDA – Food and Drug Administration
HMO – Health Maintenance Organizations
HRSA – Health Resources and Services Administration
MEPS – Medical Expenditure Panel Survey
NDEP – National Diabetes Education Program
NIDDK – National Institute of Diabetes & Digestive & Kidney Diseases
NIH – National Institutes of Health
NWICH – National Women’s Health Information Center
OPHS – Office of Public Health and Science (DHHS)
OMHRC – Office of Minority Health Research Center
OWH – Office of Women’s Health
PLA – Public Library Association
PYPTH – Pick Your Path to Health
QIO – Quality Improvement Organizations
RWJ – The Robert Wood Johnson Foundation
TRIAD – Translating Research Into Action for Diabetes
USDA – United States Department of Agriculture

CDC

Division of Diabetes Translation

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For Public Inquiries & Publications

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1-888-232-6348 TTY

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In English, en Espanol

24 Hours/Day, 7 Days/Week

For Other Information

Division of Diabetes Translation

National Center for Chronic Disease Prevention and Health Promotion

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Department of Health and Human Services

Centers for Disease Control and Prevention

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